

Gender-based inequalities

Previous research has identified gender-based inequalities in the provision of secondary prevention services for patients with coronary heart disease (CHD) in primary care.^{1,2} Differences have been found in the management of hypercholesterolaemia² and the provision of antiplatelet treatment³ and ACE inhibitors.⁴ Women tend to be disadvantaged.

This is a key area, with both General Medical Services (GMS) targets and the National Service Framework (NSF) for CHD driving for comprehensive provision of secondary prevention measures.

We present new data from Gateshead Primary Care Trust (PCT), which was obtained routinely in the course of the PCT CHD equity audit. Gateshead has higher than UK average rates of CHD, and the constituent wards are characterised by high Index of Multiple Deprivation (IMD) scores.

We found a significant, gender-based inequality in the control of blood pressure for patients with existing CHD.

Data was collected from all Gateshead GPs (33 practices). The records of all patients on the practices' CHD registers (10 836 patients) were analysed. The last recorded blood pressure was compared to the NSF audit standard of <150/90 mmHg, and the proportion of patients on each register with a blood pressure controlled to standard determined (Table 1). The data quartiles are represented in Figure 1.

Tests of variance and distribution were conducted, and confirmed that significance testing was statistically appropriate: a *t*-test using a pooled sample variance was significant at the 5% level.

Table 1. Average percentage of patients on the practice CHD registers with a BP controlled to audit standard.^a

	Males (%)	Females (%)
Mean	70.1	63.4
95% CI	66.95–73.22	60.11–66.78
SD	8.7	9.3

^aAs of October 2004. SD = standard deviation.

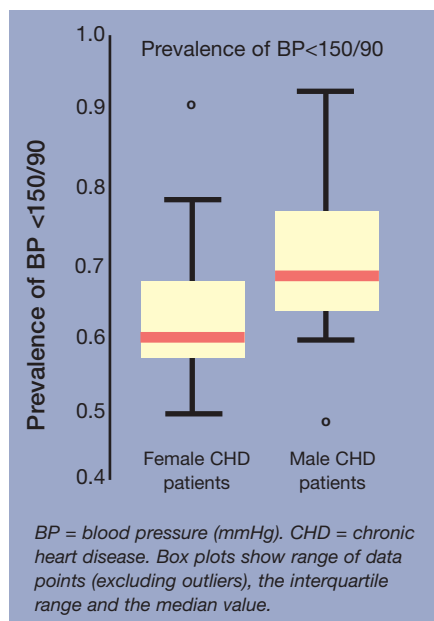


Figure 1. Blood pressure control for male and female patients: all Gateshead GP practices.

Women in Gateshead were less likely than men to have their blood pressure controlled to the NSF audit standard for secondary prevention. This difference would significantly worsen the morbidity and mortality from CHD of the women studied.

This finding correlates well with previous research,⁴ which has identified differential management of CHD as a significant issue in primary care.

Two important conclusions can be drawn from this work:

- data that is easily accessible by PCTs through the Quality Management and Analysis System can be used to identify significant inequalities in primary care provision;
- GPs could use practice data to find out if such inequalities apply to their own practice population, which will help them to improve the quality of care that they provide.

If women are consistently disadvantaged in this way then we can, and should, find out and take appropriate action.

MARK WALTON

General Practitioner, Gateshead PCT.

MARK LAMBERT

Director of Public Health, Gateshead PCT.

E-mail: mark.lambert@ghpct.nhs.uk

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Corticosteroid injections: from bench to bedside?

I read with interest Bruce Arroll and Felicity Goodyear-Smith's article in the March edition of the *BJGP*, 'Corticosteroid injections for painful shoulder: a meta analysis'.¹ This welcome research provides further evidence that subacromial injections with corticosteroid can provide a rapid and effective response to patients suffering from rotator cuff tendonitis. However, I have reservations about the authors' comments that by calculating 'the small numbers needed to treat may make GPs more likely to use subacromial steroids for rotator cuff syndrome, as it is a relatively easy procedure to perform'. There are many barriers in applying evidence into practice. In a survey of GPs perceived barriers to performing injections in the community, the majority of responders felt that the lack of evidence regarding the effectiveness of corticosteroid injections was not a significant barrier to performing injections in the community.² Inability to maintain their injection skill base and fear of complications and litigation were perceived as the main barriers. While evidence of treatment effectiveness is fundamental — there are many other steps to consider in translating evidence from the bench to the bedside of patients with this common condition.

GERRY GORMLEY

General Practitioner, Belfast.

E-mail: g.gormley@qub.ac.uk

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